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09/22/2005

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.
 530 VIRGINIA ROAD
 P.O. BOX 9133
 CONCORD, MA 01742-9133

12/15/2005 WABDEL3 00000008 09898514

01 FC:1501 1400.00 OP
 02 FC:1504 300.00 OP
 03 FC:8001 45.00 OP

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Margaret A. Norcutt

(Depositor's name)

Margaret A. Norcutt

(Signature)

12/12/05

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/898,514	07/03/2001	James A. Proctor JR.	2479.2038-001	4006

TITLE OF INVENTION: METHOD FOR ALLOWING MULTI-USER ORTHOGONAL AND NON-ORTHOGONAL INTEROPERABILITY OF CODE CHANNELS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	12/22/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHAH, CHIRAG G	2664	370-208000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Hamilton, Brook, Smith & Reynolds, P.C.

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

IPR Licensing, Inc.

Wilmington, Delaware

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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- ☒ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized to charge any deficiency to the Director's Deposit Account Number 08-0380 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Ralph Tremontozzi

Date

12/12/2005

Typed or printed name

Ralph Tremontozzi

Registration No.

55,686

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